MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02498

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston — LENGTH OF STAY (in this place): 15 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First) ALPHEUS	(Middle) ANDREWS	(Last)	4. DATE OF DEATH	(Month) March	(Day) 12	(Year) 1949	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 8, 1873	9. AGE last birthday: 75 yrs.	If under 1 year: Months 9	Days 28	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: Laborer	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: John Andrews		14. MOTHER'S MAIDEN NAME: Todd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mary Andrews	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Mesenteric Thrombosis	2 days
Antecedent cause(s) 420.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arertiosclerotic Heart Disease	15yrs
	(c) Auricular fibrillation	8yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterial Thrombosis Right leg	2mos

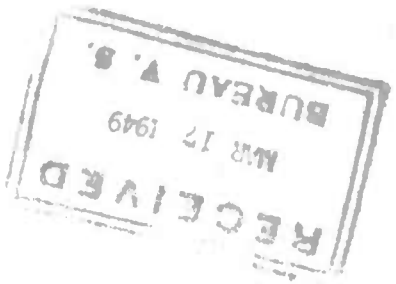
19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) none	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none		

22. I hereby certify that I attended the deceased from 12/9/, 1944, to 3/12/, 1949, that I last saw the deceased alive on 3/11/49, 19....., and that death occurred at 1P m., from the causes and on the date stated above.

SIGNATURE: Cornelia B. Plummer (Degree or title) — ADDRESS: M.D.P.O.Box#95Preston Maryland — DATE SIGNED: 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: Mar. 14, 1949	NAME OF CEMETERY OR CREMATORY: Jr. O. U. A. M.	LOCATION (City, town, or county): Preston, Md.	(State)
DATE REC'D BY LOCAL REG.: 3/14/49	REGISTRAR'S SIGNATURE: Cornelia B. Plummer	24. FUNERAL DIRECTOR: H. M. Hollis	ADDRESS: Preston, Md.	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MAR 17 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02499

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR GREENSBORO; LENGTH OF STAY (in this place) 90 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Died in Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Greensboro~~ Ridgely Md. 3 miles; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Wesley	Bauer	Mar.	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Nov. 11 1876	92 yrs.	4	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Penn	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Bauer	Lucy Hauck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Miss Beatrice Bowart Ridgely Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
450.0 **Immediate cause** (a) arterio sclerosis	10 years
Antecedent cause(s)	
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 20, 1946, to Mch 24, 1949, that I last saw the deceased alive on March 23, 1949, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L Paul Trotts	M D	Denton Md	3/26/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 26-49	Ridgely Cemetery	Ridgely	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch 26-1949	L Mc Piggin	J Virgil Thom	Denton

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MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02580

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ridgely
LENGTH OF STAY (in this place): 66 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ridgely
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Brown

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/10/1883

9. AGE last birthday: 66 yrs. If under 1 year: Months 2 Days 3; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Carter

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Harvey Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

331 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 19 46, to Mar 12, 19 49, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE: R. L. Small (Degree or title) M.D. ADDRESS: Denton, Md. DATE SIGNED: Mar. 15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/17/49
NAME OF CEMETERY OR CREMATORY: Denton
LOCATION (City, town, or county) (State): Denton Md.

DATE REC'D BY LOCAL REG.: March 16, 1949
REGISTRAR'S SIGNATURE: Mary E. Laird

24. FUNERAL DIRECTOR: R.B. Rawlings
ADDRESS: Greensboro, Md.

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MAR 17 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02501
63

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmony; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmony; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN W. (Middle) (Last) COHEE

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	Married	Sept. 25 1870	78 yrs.	5	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John F. Cohee

14. MOTHER'S MAIDEN NAME: Jane Southerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Amelia F. Cohee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	5 days
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		none

22. I hereby certify that I attended the deceased from 3/11/49, 19....., to 3/12/, 1949, that I last saw the deceased alive on 3/11/, 1949, and that death occurred at 7:15A m., from the causes and on the date stated above.

SIGNATURE Chas B Plummer (Degree or title) M.D. ADDRESS P.O.Box#95 Preston Maryland DATE SIGNED 3/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 15 1949	Grove Cemetery	Grove, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/49	Cornelia D. Plummer	Harry M. Hollis	

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MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

025112

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Preston md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Preston md COUNTY Caroline Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Friend

4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Apr 18 1860

9. AGE last birthday: 80 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Caroline Co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Agustus D. Webb

14. MOTHER'S MAIDEN NAME: Linnie R. Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Agustus Webb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 131b

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: 4-6 yrs

Antecedent cause(s) Chronic Endocarditis — 1-2 Years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1943, to March 27, 1949, that I last saw the deceased alive on March 27, 1949, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE Hayward T. Webb (Degree or title) ADDRESS Easton, Md DATE SIGNED 3/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar 31/49

NAME OF CEMETERY OR CREMATORY: St Pleasant

LOCATION (City, town, or county): Preston

(State): md

DATE REC'D BY LOCAL REG. 3/28/49

REGISTRAR'S SIGNATURE: Cornelia W. Plummer

24. FUNERAL DIRECTOR: Lewis T. Baynum

ADDRESS

8281
28
8754

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MAR 30 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

025#3

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro; LENGTH OF STAY (in this place): 76 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro; STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anna (Last) Jones

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/30/1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 4, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Jackson

14. MOTHER'S MAIDEN NAME: Manda Pippin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give wer or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Allan Biddle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mixed Tumor of Salivary Gland.

142.0 Antecedent cause(s)

45 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the deetb but not releted to the disease or condition ceusing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While et Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles H. Forrest M.D. Greensboro, Md. March 15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 3/16/49; NAME OF CEMETERY OR CREMATORY: Greensboro; LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG. 3/16/49; REGISTRAR'S SIGNATURE: Clark Smith

24. FUNERAL DIRECTOR: R.B. Rawlings ADDRESS: Greensboro, Md.

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APR 2 1949
BUREAU V. S.

02504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) HARVEY (Last) KIBLER
4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 30, 1883
9. AGE last birthday 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice plant mfg.
10b. KIND OF BUSINESS OR INDUSTRY Ice
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Joseph Kibler
14. MOTHER'S MAIDEN NAME THERESSA KIRCHOFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Francis H. Kibler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 hours.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Possibly 3 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1948, to March 4, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE G Paul Moth (Degree or title) M D ADDRESS Denton Md DATE SIGNED 3/7/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 8, 1949
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) Near Denton, Md. (State)
DATE REC'D BY LOCAL REG. March 7, 1949
REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR J Virgil Moore ADDRESS Denton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 9 1949
BUREAU V. S.

RECEIVED
1949
BUREAU V. S.

02505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Choptank near Preston
LENGTH OF STAY (in this place) full life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN u
STREET ADDRESS (If rural, give location) u

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Lewis

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1949

5. SEX: Fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 12, 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Preston, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Boulston Hubbard

14. MOTHER'S MAIDEN NAME: Christina Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Wm. Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocardial Degeneration	6 months
Antecedent cause(s) 433.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)		
(c)	Auricular Fibrillation	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to March, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 9:30A m., from the causes and on the date stated above.

SIGNATURE: W C Harrison (Degree or title) MD ADDRESS: Hurlock Md. DATE SIGNED: 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 3/17/49 NAME OF CEMETERY OR CREMATORY: Belmont Cem. LOCATION (City, town, or county) (State): Choptank, Md.

DATE REC'D BY LOCAL REG.: 3/17/49 REGISTRAR'S SIGNATURE: Cornelia W. Plummer

24. FUNERAL DIRECTOR: Adams & Williams ADDRESS

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02506

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg, R.F.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "
STREET ADDRESS " (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) TERESA NARIZANO

4. DATE OF DEATH (Month) (Day) (Year) March 9, 1949

5. SEX Fem.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 12, 1864
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME first name - unknown Capilli
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Horace Narizano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Cerebral hemorrhage	3 months
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to 3/9, 1949 that I last saw the deceased alive on 3/9, 1949, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Anderson MD. ADDRESS Federalsburg Md. DATE SIGNED 3/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/11/49
NAME OF CEMETERY OR CREMATORY Bloomery Cem.
LOCATION (City, town, or county) near Federalsburg, Md. (State)

DATE REC'D BY LOCAL REG. March 9, 1949
REGISTRAR'S SIGNATURE Everett Nuttle, Deputy
24. FUNERAL DIRECTOR Adams & Williamson ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02507

Reg. Dist. No. 6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
MARYLAND
LENGTH OF STAY (In this place): 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Woglom (Last) Perry

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/28/1893

9. AGE last birthday: 56 yrs.
If under 1 year: Months 1 Days 24
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: O. La Forrest Perry

14. MOTHER'S MAIDEN NAME: Rebecca Waglum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War I

16. SOCIAL SECURITY No.: 182-10-5823

17. INFORMANT: Emory Bartlett Perry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 14 da.

420.2 Immediate cause (a) Angina Pectoris

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 8, 1949, to Mar. 24, 1949, that I last saw the deceased alive on Mar. , 1949, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Freeman M.D. (Degree or title) ADDRESS: Greensboro Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/28/49
NAME OF CEMETERY OR CREMATORY: West Laural Hill
LOCATION (City, town, or county) (State): Phila., Pa.

DATE REC'D BY LOCAL REG.: Mar 26-1949
REGISTRAR'S SIGNATURE: L. Mae Pippin

24. FUNERAL DIRECTOR: R.B. Rawlings
ADDRESS: Greensboro, Md.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02508

CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Henderson
LENGTH OF STAY (in this place): 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Henderson
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Radcliffe

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/12/1873

9. AGE last birthday: 75 yrs.
If under 1 year: Months 8 Days 26
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: ? Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Nora Radcliffe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1949, to 3/4, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) A D Silver MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/7/49

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 3/5/49

REGISTRAR'S SIGNATURE A Clark Smith

24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
MAR 15 1949
BUREAU V. S.

02509

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Steward's Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels.
STREET ADDRESS (If rural, give location) Grove Street

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Todd

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH March 5 1867
9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MASON
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) EASTON MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Wilson Todd
14. MOTHER'S MAIDEN NAME HONORIA GREGORY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT MRS JAMES. DAFFIN St. MICHAELS. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis

422.1 Antecedent cause(s) (b) Arterio Sclerotic Cardio Vascular Disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to March 11, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoessifer (Degree or title) M.D. ADDRESS Greensboro, Maryland DATE SIGNED March 11 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/13/49
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) (State) St. Michaels. Talbot Co. Md

DATE REC'D BY LOCAL REG. Mar. 11-1949
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1949
BUREAU V. S.